

STATE ARKANSASSTANDARDS AND METHOD OF ASSURING  
HIGH QUALITY CARESTATE Arkansas  
RECEIVED 5-31-79  
APPROVED FEB 15 1980  
FCC-1 79-5

Revised: April 1, 1979

The following is a description of the methods that will be used to assure that the medical and remedial care and services are of high quality, and a description of the standards established by the State to assure high quality care:

- a. Institutional care will be provided by facilities qualified to participate in Title XVIII and/or Title XIX;
- b. Practitioners will be licensed by the State;
- c. Medical institutions will be licensed by the State;
- d. Patients can obtain needed medical services from the facility which, in the judgment of competent medical authority, is best able to meet their medical needs whether the facility is in or outside the State;
- e. The scope of care and services offered includes the use of specialists and consultative services (board certified or board eligible);
- f. The medical unit will continuously review and evaluate the utilization and equality of medical care and services;
- g. The Peer Review Committees, at frequent intervals will review reports of care and services provided and make recommendations to the agency and to the health care disciplines involved concerning the appropriateness and/or utilization of the care and services offered or needed;
- h. The Office of Long Term Care will provide for medical evaluation of each patient's need for long term care and services pursuant to Sec. 1902 (a)(26) of the Social Security Act of 1968, as amended; and
- i. The Agency will impose Administrative Remedies and Sanctions, as contained in State regulations, against those providers who fail to comply with all federal/state laws, rules, and regulations of the Medicaid Program.

STATE ARKANSASSTANDARDS AND METHOD OF ASSURING  
HIGH QUALITY CARE

Revised: April 1, 1979

The State Agency will provide that any individual eligible for medical assistance may obtain such assistance from any institution, agency or person qualified to perform the service or services required (including an organization which provides such services, or arranges for their availability, on a prepayment basis), who undertakes to provide him such services and who has signed an agreement to participate in the Medicaid Program.

STATE	<u>Arkansas</u>	A
DATE REC'D	<u>5-31-79</u>	
DATE APPV'D	<u>FEB 15 1980</u>	
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE ARKANSAS

ATTACHMENT 3.1-D

**METHODS OF PROVIDING TRANSPORTATION**

Revised: October 1, 1986

The Arkansas Division of Economic and Medical Services assures that necessary transportation of recipients to and from providers of service will be provided. The methods that will be used are as follows:

Any appropriate means of transportation which can be secured without charge through volunteer organizations, public services such as fire departments and public ambulance, or relatives will be used. If transportation is not available without charge, payment will be made for the least expensive means of transportation suitable to the recipient.

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DATE A/RVD	1-7-87	
DATE E	10-1-86	
HCFA 179	86-23	

*Superseded 73-41*

Revision: HCFA-PM-87-4 (BERC)  
March 1987

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Revised: September 1, 1994

State/Territory: ARKANSAS

## STANDARDS FOR THE COVERAGE OF ORGAN TRANSPLANT SERVICES

**The Arkansas Medicaid Program covers Corneal Transplants, Renal Transplants, Heart Transplants, Liver Transplants, Non-Experimental Bone Marrow Transplants and Lung Transplants for eligible Medicaid recipients of all ages. Pancreas/Kidney Transplants and Skin Transplants for Burns are covered for eligible Medicaid recipients in the Child Health Services (EPSDT) Program.**

### Corneal Transplants

Corneal transplants require prior authorization. Medicaid will pay for hospitalization, physician services and follow-up care when associated with corneal transplants. Covered benefits include the acquisition and preservation of the organ from a cadaver donor. Corneal transplants are subject to the same inpatient hospital, outpatient and physician benefit limits as all other covered inpatient, outpatient and physician services.

### Renal Transplants

Renal transplants require prior authorization. Benefits are provided for the following services related to renal transplantation:

- Hospitalization and physician services for the removal of the organ from the living donor.
- Harvesting of the organ for renal transplant from a cadaver donor is reimbursed through the hospital cost settlement process.
- Transportation and preservation of the organ from a living or cadaver donor.
- Hospitalization and physician services for transplanting kidney into the receiver.
- Follow-up care.

Renal transplants are subject to the same inpatient hospital, outpatient and physician benefit limits as all other inpatient, outpatient and physician services for both donor and receiver.

STATE	<u>Arkansas</u>	A
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DATE APPVD	<u>10-25-94</u>	
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TN No. 94-18 Approval Date \_\_\_\_\_ Effective Date \_\_\_\_\_  
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STANDARDS FOR THE COVERAGE OF  
ORGAN TRANSPLANT SERVICES

Revised: July 1, 1992

Heart Transplants

Heart transplants require prior authorization. Benefits are provided for the following services related to heart transplantation:

- Procurement (harvesting) of the organ from a cadaver donor. Cost will be included in the hospital charges.
- Hospitalization and physician services for transplanting the heart into the receiver.
- Post-operative care until discharged from the hospital.

Liver Transplants

Liver transplants require prior authorization. Benefits are provided for the following services related to liver transplantation:

- **Hospitalization and physician services for the removal of the organ from a living donor.**
- Procurement (harvesting) of the organ from a cadaver donor. Cost will be included in the hospital charges.
- Hospitalization and physician services for transplanting the liver into the receiver.
- Post-operative care until discharged from the hospital.

Heart and Liver Transplants are not subject to the established benefit limits for inpatient hospital services described elsewhere in the State Plan. Services excluded from the inpatient benefit limit are those services provided from the date of the transplant procedure to the date of discharge. The recipient may not be billed for Medicaid covered charges in excess of the State's reimbursement.

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STANDARDS FOR THE COVERAGE OF  
ORGAN TRANSPLANT SERVICES

Revised: December 1, 1991

Bone Marrow Transplants

Bone Marrow transplants which the board certified specialist at the PRO determine appropriate are covered with prior authorization. Benefits are provided for the following services related to bone marrow transplantation:

- Hospitalization and physician services for the removal of the bone marrow.
- Hospitalization and physician services for transplanting the bone marrow into the receiver.
- Post-operative care until discharged from the hospital.

**Bone Marrow Transplants are not subject to the established benefit limit for inpatient hospital services described elsewhere in the State Plan. Services excluded from the inpatient benefit limit are those services provided from the date of admission for the transplant procedure to the date of discharge. The recipient may not be billed for Medicaid covered charges in excess of the State's reimbursement.**

STATE <u>Arkansas</u>	A.
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STANDARDS FOR THE COVERAGE OF  
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Revised: December 1, 1991

Pancreas/Kidney Transplants

Pancreas/Kidney transplants are covered for eligible Medicaid recipients in the Child Health Services (EPSDT) Program with a diagnosis of Juvenile Diabetes With Renal Failure. Prior authorization is required. Benefits are provided for the following services related to pancreas/kidney transplants:

- Procurement (harvesting) of the organ from a cadaver donor. Cost will be included in the hospital charges.
- Hospitalization and physician services for transplanting the pancreas/kidney into the receiver.
- Post-operative care until discharged from the hospital.

The recipient may not be billed for Medicaid covered charges in excess of the State's reimbursement.

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STANDARDS FOR THE COVERAGE OF  
ORGAN TRANSPLANT SERVICES

Revised: September 1, 1994

Lung Transplants

Lung transplants are covered for eligible Medicaid recipients with prior authorization. Benefits are provided for the following services related to lung transplantation:

- Procurement (harvesting) of the organ from a cadaver donor. Cost will be included in the hospital charges.
- Hospitalization and physician services for transplanting the lung into the receiver.
- Post-Operative care until discharge from the hospital.

The recipient may not be billed for Medicaid covered charges in excess of the State's reimbursement.

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STANDARDS FOR THE COVERAGE OF  
ORGAN TRANSPLANT SERVICES

December 1, 1991

Skin Transplants for Burns

Skin Transplants for Burns of greater than 70% of the body surface area with more than 50% of that being full thickness or a third degree burn are covered for eligible Medicaid recipients in the Child Health Services (EPSDT) Program. This coverage is for those patients whose burns are so widespread that conventional grafting to cover the burned area is impossible as there is no other available source of skin. Prior authorization is required. Benefits are provided for the following services related to skin transplantation:

- Hospitalization and physician services for removal of the skin from the donor site.
- Hospitalization and physician services for transplanting the skin.
- Post-Operative care until discharge from the hospital.

The recipient may not be billed for Medicaid covered charges in excess of the State's reimbursement.

Transplant criteria is reviewed every six months by the Medical Care Advisory Committee.

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